



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS AIR RESERVE PERSONNEL CENTER

MEMORANDUM FOR

FROM: HQ ARPC/DPAFER
6760 E. IRVINGTON PL # 2600
DENVER CO 80280-2600

SUBJECT: Selective Retention Process (SRP)

1. The following member (Rank, Name, SSN and ETS) requires SRP screening. Reenlistment will not be effective prior to completion of this form. Primary factors in selecting member for reenlistment are found in AFI 36-2612, *United States Air Force Reserve (USAFR) Reenlistment and Retention Program*, paragraph 3.4 at <http://www.e-publishing.af.mil/pubfiles/af/36/afi36-2612/afi36-2612.pdf>.

2. Ensure the following indorsements are completed and returned to DPRPP by _____. Please fax completed paperwork to DSN 926-6534/303-676-6534 or scan and email to dprppdl@arpc.denver.af.mil. Please contact your IMA Program Manager, <http://arpc.afrc.af.mil/media/ProgramManagerListings.pdf> with any concerns.

//Signed//

Personnel Support Branch
Directorate of Individual Reserve Programs

1st Ind., Member's Immediate Supervisor (Initial One)

_____ Recommend Reenlistment

_____ Do not recommend Reenlistment (Attach AF Form 418, See AFI 36-2612)

Supervisor's comments:

TYPED/PRINTED SUPV NAME AND GRADE

SUPERVISOR SIGNATURE DATE

2nd Ind, Unit Commander (Only) (Initial One)

_____ Selected for Reenlistment

_____ Not Selected for Reenlistment (Attach AF Form 418, See AFI 36-2612)

This selection decision will be made known to the member in person when practical, with member completing the following indorsement. Counsel as necessary members who are undecided or do not intend to reenlist.

Commander's Comments:

TYPED/PRINTED CMDR NAME AND GRADE	COMMANDER'S SIGNATURE	DATE
-----------------------------------	-----------------------	------

3rd Ind, Member

My reenlistment option is: (Initial One)

_____ I intend to reenlist. I understand I will receive a reenlistment package within three months of my ETS.

_____ I request discharge. I must continue to participate until my ETS. If I desire to reenlist at a later date, I must first contact HQ ARPC/DPAFER for approval prior to my ETS.

_____ I have 20 years satisfactory service and I wish to apply for transfer to the Retired reserve. I will contact retirements at DSN 926-6369 or commercial 303-676-6369 to initiate retirement paperwork prior to my current ETS.

TYPED/PRINTED FULL NAME	SIGNATURE	DATE
--------------------------------	-----------	------

I would like the Reenlistment paperwork sent to my: (Initial One and put in correct address)

_____ Current mailing address: _____
Print legibly

_____ Email Address: _____
Print legibly